

## Provider Controlling Interest/Ownership Enrollment Step

---

When completing a CHAMPS Provider Enrollment application or Provider Enrollment modification the ownership step is required. Listed below is some helpful information along with step-by-step instructions to completing the Provider Controlling Interest/Ownership Details step.

When completing the Provider Controlling Interest/Ownership Details step, completing a revalidation, or any change in ownership within 35 days; Providers (including fiscal agents and managed care entities) are required to disclose the following information:

- Individual Owner, any person with ownership or controlling interest:
  - Name
  - Address
  - Date of Birth
  - Social Security Number
  - Add any Relationship (self, spouse, parent, child, sibling, none, etc.) between:
    - The Individual with an ownership or controlling interest and another person with ownership or controlling interest in the entity. (e.g., from Owner to Owner it would be Self or Owner to Managing Employee could be Spouse or None); and/or
    - The Individual with an ownership or controlling interest of any subcontractor in which the disclosing entity has a 5% or more interest and to another person with ownership or controlling interest.
    - The name of any other fiscal agent or managed care entity in which an owner has an ownership or controlling interest in and is reimbursable by Medicaid and/or Medicare.
- Corporation:
  - Name
  - Address, including as applicable;
    - Primary business address
    - All business locations
    - P.O. Box address
  - Other Tax Identification Number (TIN), with an ownership or controlling interest or of any subcontractor in which the disclosing entity has a five percent or more interest.
  - Add any Relationship (self, spouse, parent, child, sibling, none, etc.) between:
    - the Corporation with an ownership or controlling interest and another person with ownership or controlling interest; and/or
    - The Corporation with an ownership or controlling interest of any subcontractor in which the disclosing entity has a 5% or more interest and to another person with ownership or controlling interest.
    - The name of any other fiscal agent or managed care entity in which an owner has an ownership or controlling interest in and is reimbursable by Medicaid and/or Medicare.

MSA Policy information within the [Medicaid Provider Manual](#), General Information Chapter, Provider Enrollment section:

## 2.1 PROVIDER OWNERSHIP AND CONTROL DISCLOSURES

Provider enrollment information, including home address, date of birth, and Social Security Number, is required from providers and other disclosed individuals (e.g., owners, managing employees, agents, etc.).

### 2.1. A. REQUIRED DISCLOSURE INFORMATION

Providers (including fiscal agents and managed care entities) are required to disclose the following information on ownership and control during enrollment, revalidation, and within 35 days after any change in ownership:

- The name and address of any person (individual or corporation) with ownership or control interest. The address for corporate entities must include, as applicable, primary business address, every business location, and P.O. Box address.
- Date of birth and Social Security Number (in the case of an individual).
- Other Tax Identification Number, in the case of a corporation, with an ownership or control interest or of any subcontractor in which the disclosing entity has a five percent or more interest.
- Whether the person (individual or corporation) with an ownership or control interest is related to another person with ownership or control interest as a spouse, parent, child or sibling; or whether the person (individual or corporation) with an ownership or control interest of any subcontractor in which the disclosing entity has a five percent or more interest is related to another person with ownership or control interest as a spouse, parent, child or sibling.
- The name of any other fiscal agent or managed care entity in which an owner has an ownership or control interest in an entity that is reimbursable by Medicaid and/or Medicare.
- The name, address, date of birth and Social Security Number of any managing employees.

### **CHAMPS: Add Provider Controlling Interest/Ownership Details Steps**

1. Select an Owner Type from the drop-down menu
2. Complete all fields marked with an asterisk (\*)
3. Complete Address Line 1 and Zip Code, click Validate Address
4. Click Ok
5. After entering all required Owner Types, continue to Ownership Details;
6. Click on Owner ID hyperlink (Please Note: this process must be completed for all Owner Types listed)
7. To enter relationship information for all owner types, click Add

(Please Note: if one of the below owner types is selected then the listed relationship(s) are required)

Owner Type	Required Relationship(s)
Agent	Managing Employee
Corporate - Charitable 501 [c]3	Managing Employee
	Board Of Director/Officer/Principles

Owner Type	Required Relationship(s)
Corporate - Non Charitable	Managing Employee
	Board of Director/Officer/Principles
Government	Managing Employee
Holding Company	Managing Employee
	Board of Director/Officer/Principles
Individual	Managing Employee
Limited Liability Company	Managing Employee
	Board of Director/Officer/Principles
Partnership	Managing Employee
Sub-contractor	Managing Employee

8. Select Owner Name (Name of self if there is only one owner or name of other Owner Type if multiple)
9. Select Relationship (From Owner to Owner it would be Self or Owner to Managing Employee could be Spouse or None)
10. Add Provider Controlling Interest/Ownership Details
11. Click Ok (Please Note: If you click on Add, under Relationships, and you receive this screen where Owner Name only shows Others; you are no longer required to enter in additional relationships.)
12. Click Cancel
13. Once a Relationship is created for each Owner Type (one for Self and one for Managing Employee)
14. Click the hyperlink, Final Adverse Legal/Action/Convictions Disclosure
15. Read through Final Adverse Legal Actions/Convictions statement, check Yes or No
16. Click Ok
17. After you have completed all required Relationships and read and completed Final Adverse Legal Actions/Convictions statement, click Save
18. Click Close
19. After going through each Owner ID, completing the required Relationships and reading and completing the Final Adverse Legal Actions/Convictions statement, click Close

Refer to step-by-step enrollment instructions on completing this step:

- [Provider Enrollment New Individual/Sole Proprietor Provider](#)
- [Provider Enrollment New Facility/Agency/Organization \(FAO\) Provider](#)
- [Provider Enrollment New Group Practice Provider](#)